

PENGAD'S FLAT PRINTED STATIONERY

Perfect for your professional and personal correspondence.

Personalization made easy.

1. Choose a paper.
2. Select a style or design your own.
3. Select a typestyle.
4. Select a logo. (optional)
5. Choose your imprint color.
6. Complete the Order Form.
7. Fax or mail the completed Order Form.

Pricing*

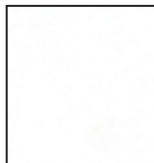
Letterhead	Item Code	price per lot	
		500	1,000
White 20 Lb. Bond	FS-LAE	\$45.00	\$60.00
Laid	FS-LAC	70.00	100.00
#10 Regular Envelope			
24 Lb. White Wove	FS-EAA	60.00	80.00
Laid	FS-EAC	90.00	130.00
#10 Window Envelope			
24 Lb. White Wove	FS-EBA	65.00	90.00
Laid	FS-EWC	95.00	140.00
		price per pad (50 sheets per pad)	
Memo Pads - 5-1/2" x 8-1/2"		50	100*
White 20 Lb. Bond	FS-MPX8	1.25	.99
Laid	FS-MPL8	1.95	1.60
Memo Pads - 4-1/4" x 5-1/2"			
White 20 Lb. Bond	FS-MPX4	.90	.70
Laid	FS-MPL4	1.05	.89

*Prices above include your choice of typestyle, logo and printing in one of our standard ink colors: black, blue, green, red, burgundy or brown.

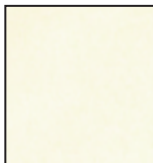
1 Choose Paper



White Bond



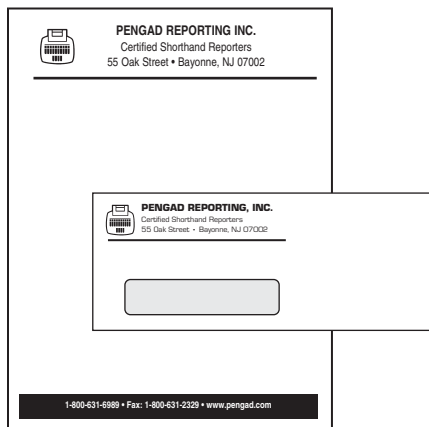
Laid White



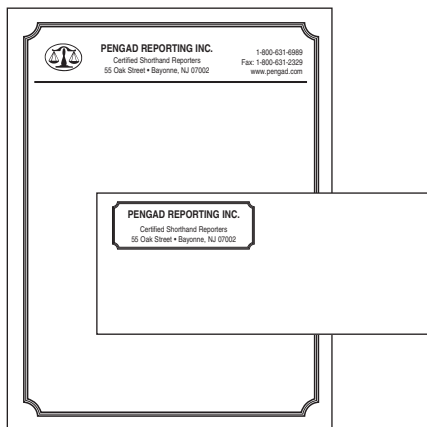
Laid Ivory

2 Select a style or design your own

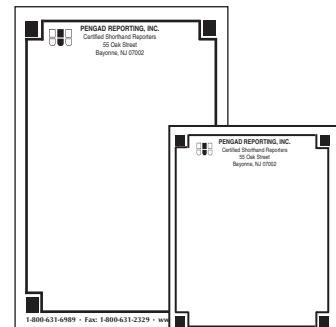
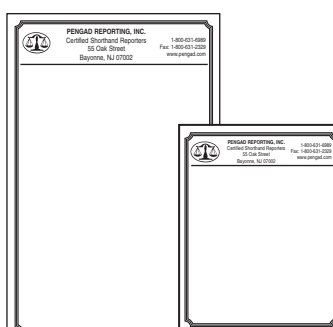
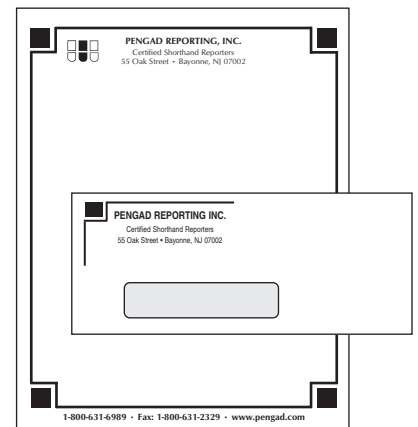
Style 1



Style 2



Style 3



P.O. Box 99 • Bayonne, NJ 07002
 1-800-631-6989 • Fax: 1-800-631-2329 • www.pengad.com
 (Prices subject to change. Shipping charges not included)

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Select a typestyle

STYLE A • Goudy Catalogue Italic

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE D • Park Avenue (not available in all caps)

ABCDEFGHIJKLMN OPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE G • ITC Garamond

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE H • Helvetica

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE L • Avant Garde

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE M • URW-Antiqua Ultra

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE O • Eurostile

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE Q • FLARE GOTHIC

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE S • Nueva Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE U • Novarese ITC

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE R • Zaph Chancery

ABCDEFGHIJKLMN OPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE W • University Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE X • Bernhard Modern

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE Y • Optimum

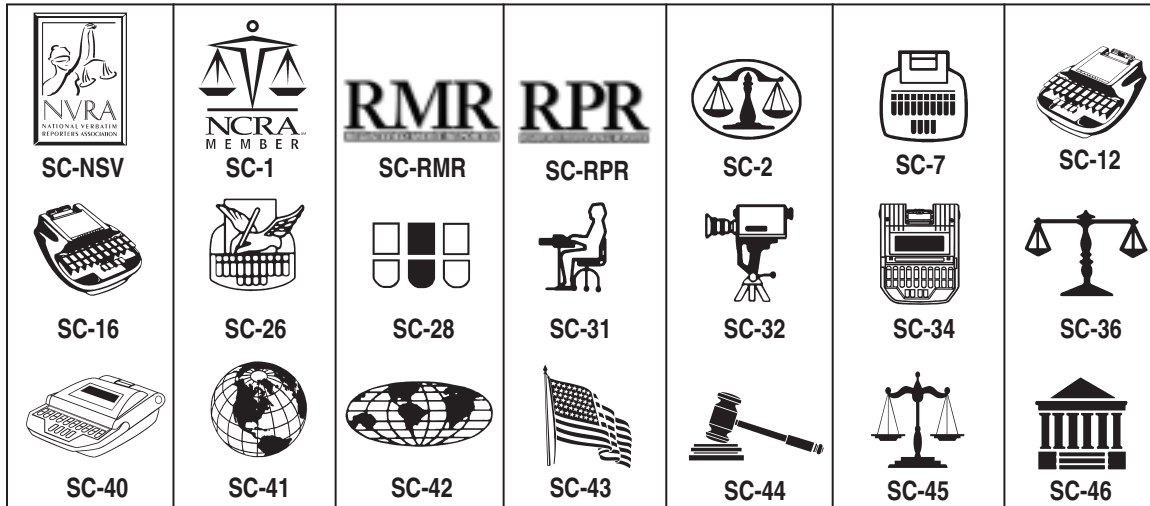
ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE Z • Times New Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

4

Select a logo (optional)



The display of any design or logo in this catalog is for demonstration purposes only and does not indicate or imply that any such design or logo may be reproduced without the authorization of the owner of any trademark, copyright, or other right in such design or logo. The submission of any order constitutes a representation and warranty by the individual or entity submitting the order that such individual or entity is the owner of all trademarks or copyrighted material contained therein or has obtained any required consents or authorizations from the owner(s) to print such material. The individual or entity submitting the order agrees to indemnify, defend and hold harmless Pengad from and against any claims alleging violation of trademark, copyright or other intellectual property right arising from Pengad's processing the order.

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Choose your imprint color*



Black



Blue - PMS 286



Green - PMS 341



Red - PMS 199



Burgundy - PMS 209



Brown - PMS 470

*Your monitor may affect how ink colors are displayed. The printed ink color may vary from colors shown on your screen. Call for actual ink color samples.



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Complete the Order Form

LETTERHEAD & MEMO PADS

QUANTITY:	PRODUCT	PAPER STOCK	PRICE PER LOT/PAD	STYLE	TYPESTYLE
	<input type="checkbox"/> Flat Printed Letterhead <input type="checkbox"/> 5-1/2" x 8-1/2" Memo Pad <input type="checkbox"/> 4-1/4" x 5-1/2" Memo Pad	<input type="checkbox"/> White Bond <input type="checkbox"/> Laid White <input type="checkbox"/> Laid Ivory		<input type="checkbox"/> Style 1 <input type="checkbox"/> Style 2 <input type="checkbox"/> Style 3 <input type="checkbox"/> Other	<input type="checkbox"/> _____
OPTIONAL LOGO			IMPRINT COLOR (S)		
LOGO: <input type="checkbox"/> SC- _____ <input type="checkbox"/> Custom <input type="checkbox"/> None LOGO POSITION: _____			<input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Burgundy		
IMPRINT INFORMATION					

Yes. Fax a black and white proof . Fax Number: _____
 E-mail a proof. E-mail address: _____

No. I do not need a proof.

ENVELOPES

QUANTITY:	PRODUCT	PAPER STOCK	PRICE PER LOT	STYLE	TYPESTYLE
	<input type="checkbox"/> #10 Regular <input type="checkbox"/> #10 Window	<input type="checkbox"/> 24 lb. White Wove <input type="checkbox"/> Laid White <input type="checkbox"/> Laid Ivory		<input type="checkbox"/> Style 1 <input type="checkbox"/> Style 2 <input type="checkbox"/> Style 3 <input type="checkbox"/> Other	<input type="checkbox"/> _____
OPTIONAL LOGO			IMPRINT COLOR (S)		
LOGO: <input type="checkbox"/> SC- _____ <input type="checkbox"/> Custom <input type="checkbox"/> None LOGO POSITION: _____			<input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Burgundy		
IMPRINT INFORMATION					

Yes. Fax a black and white proof . Fax Number: _____
 E-mail a proof. E-mail address: _____

No. I do not need a proof.

BILL TO:	NAME:	NAME:
	ADDRESS:	ADDRESS:
		(No P.O. Boxes)
	PHONE #:	FAX #:

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Fax or mail the completed Order Form

Pengad

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NEW CUSTOMER:

CHARGE MY ORDER to my credit card. I have filled in the required information below.

EXISTING CUSTOMER: ACCOUNT #: _____

BILL ME for the full amount of my purchase

CHARGE MY ORDER to my credit card. I have filled in the required information below.

GOVERNMENT AGENCY: P.O. #: _____

I am placing this order to be billed to the government agency as listed above.

CHARGE MY: MasterCard Visa American Express Discover Card

<input type="checkbox"/> CHARGE THIS ORDER <input type="checkbox"/> CHARGE ALL FUTURE ORDERS		Expiration Date Required
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Signature: _____

(REQUIRED IF USING CREDIT CARD)